Practical Applications Breakout

Suicide Prevention and Resiliency Resource Inventory (SPRRI)

Jacqueline Garrick, LCSW-C, BCETS
Acting Director, Defense Suicide Prevention Office

Stephen Axelrad, Ph.D.
Lead Strategy & Research Consultant, Booz Allen Hamilton

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Agenda

- Background
- Project Aims
- Targeted Constituencies
- Work Completed – Focus Groups
- Work In-Progress – Online Survey

Background

- The Services have developed multi-faceted approaches to deal with complex, inter-related factors that contribute to suicide risk
  - Peer support from veterans and current members from their own Service
  - Spiritual and psychological counseling
  - Community outreach and family support (off- and on-base)
- The Services have developed multi-faceted approaches to deal with complex, inter-related factors that contribute to suicide risk

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Background (cont.)

- The Services have developed broad suicide prevention initiatives to raise awareness and teach skills to help Service members at risk of harming themselves
    - Policy directives and instructions on suicide prevention
    - Suicide awareness training programs for all Service members
    - Collateral-duty suicide prevention roles
    - Customized training for frontline leaders and other professionals in positions to help at-risk Service members

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Background (cont.)

- Unique challenges of Reserve Components
  - Geographic dispersion
  - Need for resources that are not installation-centric
  - Need for community-based resources to supplement Service-wide initiatives
  - Lack of data from applied research and program evaluation to inform resource selection
  - Not enough time to vet available resources
  - Need for rapid and efficient ways to assess and refer Service members to military and non-military resources

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Project Aims

- Understand unit/command implementation of suicide prevention and resiliency (SPR) initiatives
- Identify best practices that inform resource selection and unit/command program development
- Build upon existing knowledge of suicide prevention and resiliency practices
- Address support professional / unit leader retention and use of SPR awareness and training efforts

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Targeted Constituencies

Support Professionals

- Psychological & behavioral health
- Family support & readiness
- Chaplaincy
- Medical
- Suicide Prevention
- Resilience
- Substance Abuse

Unit Leaders

- Commanders
  - Company & Squadron or equivalent level
  - O3, O4, O5
- Senior Enlisted Advisors
  - E7, E8

Work Completed – Focus Groups

- Aim was to obtain an in-depth understanding of SPR roles and resource needs of psychological health and other support staff providing exclusive support to NG/R members
- Air & Army National Guard (ANG, ARNG) Directors of Psychological Health (DPH)
    - Strategic Support: Advocacy, Networking
    - Direct Clinical Services: Crisis Intervention, Case Management, Networking

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Work Completed – Focus Groups (cont.)

- **US Navy Reserve (USNR) Psychological Health Outreach Program (PHOP)**
  - Strategic Support: Education, Outreach
  - Psychological Health: Behavioral Health Screening, Resource Management, Referrals
- **Marines Forces Reserve Command (MFRC) Headquarters (HQ) Staff**
  - Strategic Support: Advocacy, Education, Outreach
  - Technical Assistance: Psychological Health, Family Support, Morale, Welfare, Readiness

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Focus Groups – Composition

- ## MFRC HQ
  - 3 Unit Leaders: E5, O4, O6
  - 10 Support Staff: Chaplaincy, Yellow Ribbon Reintegration Program, Family Programs, Psychological Health, Safety, Medical, Substance Abuse, Sexual Assault Prevention and Response
- ## ANG & ARNG DPH
  - 7 Air NG Region & Wing DPHs
  - 7 Army NG Region & State DPHs
- ## USNR PHOP
  - 10 PHOP coordinators and specialists

Focus Groups – Core Questions

- Describe SPR initiatives in the past 12 months – especially local or State-based initiatives.
- Are there any SPR initiatives that receive support from private-sector organizations?
- What risk and quality-of-life factors are addressed through your initiatives?
- When you hear about a promising practice or success story, how do you respond?
- What gaps in SPR initiatives do you see?
- How do you evaluate the usefulness/availability of programs?

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Focus Group Observations* – Strengths

Strength	ANG	ARNG	USNR	MFRC
Intra-state partnerships and a wide range of referrals and forms of advocacy	✓	✓	✓	
Direct Service member access to DPH and other provider clinical expertise	✓	✓		
High contact and visibility with leaders and members promotes help seeking	✓	✓		✓
Close working relationships with key unit personnel		✓		✓
Familial culture of the Guard encourages members to reach out for clinical help when others' experiences with PHS are positive	✓			
Facilitation of access to qualified counselors in close proximity to Service members			✓	✓

* - Observations are based on comments surfaced during focus groups and are not necessarily generalizable to all support professionals for the Reserve Components represented in the focus groups

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Focus Group Observations* – Strengths (cont.)

Strength	ANG	ARNG	USNR	MFRC
Referrals to Military OneSource and Military/Veterans Crisis Line			✓	✓
Cross-functional training of support staff			✓	✓
Gatekeeper training				✓
Opportunities for Anonymous peer support				✓

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Focus Group Observations* – Challenges

Challenge	ANG	ARNG	USNR	MFRC
Access to care for rural Service members	✓	✓	✓	
Access to care during drill weekends				✓
Balancing clinical, advocacy, and case management duties	✓	✓		
No comprehensive framework for SPR training		✓		✓
Little knowledge about psychological health history of Service member	✓			
Understanding disconnects between Service member's military and civilian lives	✓			✓
Engagement of family members				✓
Stigma or fear of negative consequences associated with help seeking	✓		✓	✓

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Focus Group Observations* – Challenges (cont.)

Challenge	ANG	ARNG	USNR	MFRC
Service member discomfort with using resources outside of their Service				✓
No standardization in the types of service providers Reservists are referred to			✓	
Restrictions for getting funded care for Reservists			✓	
Technical challenges in delivering SPR training			✓	
Cultural backgrounds of some Reservists that make suicide more acceptable			✓	

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Focus Group Observations* – Promising Practices

Challenge	ANG	ARNG	USNR	MFRC
Visible and vocal promotion of help-seeking anecdotes from unit leaders	✓	✓	✓	✓
Involvement of PHs in unit meetings and walkabouts		✓		
Appeal of evidence-based practices to results-driven, pragmatic leaders		✓		
Emphasis of "fix-ability" of behavioral health problems		✓		
Post-deployment job fairs, resume support, stress management, and reintegration retreats		✓		✓
Gathering best practices from suicide intervention trainers		✓		

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Focus Group Observations* – Promising Practices (cont.)

Challenge	ANG	ARNG	USNR	MFRC
Use of follow-up letters, phone calls, weekly tips-of-the-week after consultations	✓			
Matching provider and Guard member based on geographic location	✓			
Proactive vetting of Service providers before making referrals to Reservists			✓	✓
Partnerships with universities that offer treatment and training assistance relating to clinical care of Service members		✓		
Use of case management working groups to discuss impact of stressors				✓

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Focus Group Observations* – Emerging Needs

Challenge	ANG	ARNG	USNR	MFRC
Availability to high number of Service members within short periods of time (e.g., drill weekends)	✓	✓	✓	
Dealing with the damage caused by instances of backlashes against help seeking		✓		
Trainings narrowly focused on a few risk factors that sometimes sacrifices a more holistic view		✓		
Adapting Service-wide programs for NG/R members		✓		✓
Integration of resiliency content into pre-mobilization briefings				✓

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Focus Group Observations* – Emerging Needs (cont.)

Challenge	ANG	ARNG	USNR	MFRC
Geographic dispersion of NG/R members inhibits standardization of approaches				✓
Understanding the hidden agenda of private-sector organizations				✓
Responding appropriately to unstable personal lives of many 18-25 year old Guard members	✓	✓		
Lack of opportunities to evaluate the effectiveness of mandatory suicide prevention training			✓	
Perceptions and misperceptions of impact of treatment on security clearances			✓	

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Focus Groups – Sources of Referrals

ARNG

- Veterans Affairs hospitals
- Vet Centers
- Army Chaplain Corps' Strong Bonds
- Center for Deployment Psychology
- Inter-Services Family Assessment Committees
- Give-An-Hour
- State licensure Boards

ANG

- Veterans Affairs hospitals
- Tri-Care provider network
- Lutheran Social Services
- American Red Cross chapters
- Local 24-Hour crisis hotlines
- County Departments of Mental Health

USNR

- American Red Cross
- United Way
- Veterans Treatment Courts
- Military/Veterans Crisis Line
- Military OneSource
- Warrior Gateway
- National Resource Directory
- Hire America's Heroes
- Local psychiatric facilities and emergency rooms
- 2-1-1 hotline

MFRC

- Military OneSource
- Returning Warriors Workshop
- Military/Veterans Crisis Line
- DStress
- Marine For Life
- Tragedy Assistance Program for Survivors (TAPS)

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Focus Groups – Recommendations

- Create more opportunities for sharing of promising practices, emerging needs and lessons learned
- Develop a national strategy for psychological health outreach to NG/R members in rural areas
- Leverage "boots-on-ground" experience of psychological health staff to streamline suicide prevention and resiliency training
- Improve collaboration on referrals and resources between OSD and Reserve Components

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Work In-Progress – Online Survey

- The online survey included a mix of fixed-response and open-ended items to address the following research questions:
  - What resources are being used? How are they being used?
  - How satisfied are NG/R support professionals and unit leaders with current resources?
  - Who do they refer to for SPR information and guidance?
  - How do NG/R support professionals make referrals?
  - To what extent have NG/R unit leaders internalized suicide intervention training?
  - What unit-related factors promote help seeking and stigma reduction?

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Online Survey – Methodology

- Sampling: Stratified census method
- Measures: Alternate versions of the survey developed for different knowledge of and experience with SPR that support professionals and unit leaders have
- Procedures: OSD and Service Collaboration
  - Reserve Components: (1) identification and recruitment of participant populations; (2) recommendations on survey content; (3) dissemination of surveys
  - OASD RA: (1) online survey creation and administration; (2) storage, retrieval, and analysis of responses

Online Survey – (Projected) Way Ahead

- Data collection: Phased deployment from 1 June to 31 July 2012
- Data analysis: July 2012
- Report completion: August 2012
- Results dissemination: Fall 2012

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Inquiries & Feedback

Ms. Jacqueline Garrick, LCSW-C, BCETS
Acting Director
Office of the Secretary of Defense (OSD)
Defense Suicide Prevention Office (DSPO)
Phone: 703-588-0387
E-mail: jackie.garrick@osd.mil

Dr. Stephen Axelrad, Ph.D.
Research Advisor providing contract support to OSD
Reserve Affairs and DSPO
Lead Strategy & Research Consultant, Booz Allen Hamilton
Booz Allen Phone: 240-305-1635
OSD Phone: 703-588-0396
Booz Allen E-mail: axelrad_stephen@bah.com
OSD E-mail: stephen.axelrad.ctr@osd.mil

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